

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

## Request to change name on Class C Non Emergency Certificate

Executive Medical Transportation, Inc.

Posted:

Dept:

Date:

Time:

COPY

tool

S.A. / ORS

2/8/12

12:00

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2008 - 24 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Charles D. Brown

Address:

9224 Brewington Lane  
Laurel, MD 20723

Telephone:

(240) 501-5189

Fax:

Other:

Email:

etaglobal@comcast.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate  | <input type="checkbox"/> Other: _____                                  |

RECEIVED

FEB 07 2012

PSC SC  
MAIL / DMS

## CLASS C AMENDMENT FORM

<b>File the original with:</b>  <b>Public Service Commission of South Carolina</b> <b>Clerk's Office</b> <b>Motor Carrier Matters</b> <b>P.O. Box 11649</b> <b>Columbia, S.C. 29211</b> <b>(803) 896 - 5100</b> <b>FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>S.C. Office of Regulatory Staff</b> <b>Transportation Department</b> <b>1401 Main Street, Suite 900</b> <b>Columbia, S.C. 29201</b> <b>(803) 737-0578</b> <b>FAX (803) 737-0815</b>
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DATE: 7 Feb 2012

FEB 07 2012

PSC SC  
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I have the following Certificate:

☐ Class C Taxi # \_\_\_\_\_
 ☐ Class C Charter # \_\_\_\_\_
 ☐ Class C Charter Bus # \_\_\_\_\_

☒ Class C Non-Emergency # 7917-B

Please consider this as my request for the following amendment(s) to my Certificate:

☒ **Name Change**

From: Executive Medical Transportation, Inc. DBA: \_\_\_\_\_  
 (Current Name) (Current DBA if applicable)

TO: Veteran Transport USA, Inc DBA: \_\_\_\_\_  
 (New Name) (New DBA if applicable)

☐ **Scope of Authority**

From: \_\_\_\_\_ To: \_\_\_\_\_  
 (Current Scope) (New Scope)

☐ **Passenger Limit**

From: \_\_\_\_\_ To: \_\_\_\_\_  
 (Current Limit Number) (New Limit Number)

Name &amp; DBA if DBA is applicable)

Columbia, SC 29223  
 (City, State, Zip Code)

(240) 501-5189  
 (Telephone Number)

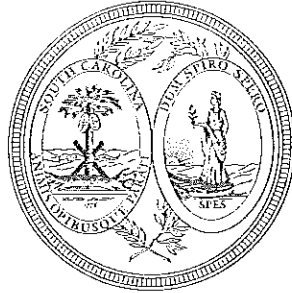
325 Thronridge Road  
 (Street and/or Mailing Address)

Chal Brown  
 (Signature)

President

(Title) Owner, President, etc.

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

VETERAN TRANSPORT USA, INC,  
a corporation duly organized under the laws of the State of South Carolina on November 20th, 2007, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
7th day of February, 2012.

  
Mark Hammond, Secretary of State

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7 Feb 12.

Ref Docket Number: 2008-24 T

Request that we expedite the change  
of name. Change. The concern is  
that my insurance company  
will only issue the Certificate  
under the new name.

Charles D Brown

CHARLES D. BROWN  
Veteran Transport USA, Inc